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Bib Data Sheet

CONFIRMATION NO. 7813

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 09/702,002    | 10/30/2000<br>RULE    | 128   | 3735           | 1065-011US04        |

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/524,478 03/13/2000 PAT 6,338,345 which is a CIP of 09/287,607 04/07/1999 PAT 6,098,629

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NO*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/05/2001**

|   |                        |                      |                    |                         |
|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>12 | TOTAL CLAIMS<br>37 | INDEPENDENT CLAIMS<br>4 |
|---|------------------------|----------------------|--------------------|-------------------------|

**ADDRESS**  
03775

**TITLE**  
METHOD AND DEVICE FOR TREATING GASTROESOPHAGEAL REFLUX DISEASE

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1213 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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